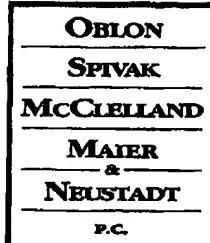


FEB. 2 2007 10:49AM OBLON SPIVAK

NO. 012 P. 2.

February 2, 2007



UNITED STATES PATENT AND TRADEMARK OFFICE  
2051 Jamison Avenue  
Suite 300  
Alexandria, VA

ATTORNEYS AT LAW  
KATHLEEN A. MORSBERGER  
CONTROLLER  
(703) 412-6494  
KMORSBERGER@OBLON.COM

Attn: Refund Department

Re: Deposit Account Number 150030

Dear Sir or Madame:

Enclosed is a copy of a portion of our Deposit Account Statement of December 2006. Please review the highlighted charge on Serial Number 09/771,883, in the amount of \$100 on fee code number 1202.

This charge is in error as the Office used a wrong figure for the Highest Number of Previously Paid for Claims after the November 2006 Amendment. The attached fee determination records from the PTO file confirm that applicant previously paid for 4 extra Claims bringing the total number of Previously Paid for Claims to 24.

Please review this application and kindly refund \$100.00 to deposit account number 150030. Copies of the appropriate paperwork are attached. If you have any questions, please contact Scott Lohr at (703) 412-6472. Thank you for your assistance.

Sincerely,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

A handwritten signature in black ink, appearing to read "Scott Lohr".

Scott Lohr

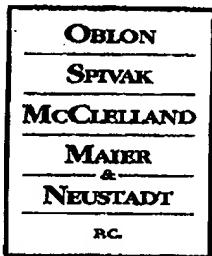
Enclosure: Deposit Account Statement

1940 DUKE STREET ■ ALEXANDRIA, VIRGINIA 22314 ■ U.S.A.  
TELEPHONE: 703-413-3000 ■ FACSIMILE: 703-413-2220 ■ WWW.OBLON.COM

PAGE 2/8 \* RCVD AT 2/2/2007 10:49:25 AM [Eastern Standard Time] \* SVR:USPTO-EFXRF-3/2 \* DNIB:2738500 \* CBID:703 413 2220 \* DURATION (mm:ss):04:50

FEB. 2. 2007 10:49AM OBLON SPIVAK

NO. 012 P. 1



**FACSIMILE**

PLEASE CALL US AT (703) 413-3000 IF THE MESSAGE YOU RECEIVE IS INCOMPLETE OR NOT LEGIBLE

ATTORNEYS AT LAW

1940 DUKE STREET  
ALEXANDRIA, VIRGINIA 22314  
USA

(703) 413-3000  
(703) 413-2220 FACSIMILE

OBLONPAT@OBLON.COM

PATENT, TRADEMARK AND COPYRIGHT LAW  
AND RELATED FEDERAL AND ITC LITIGATION

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TO	Office of Finance	DATE
NAME	USPTO	571-273-6500
COMPANY/FIRM		FAX #
NUMBER OF PAGES INCLUDING COVER:		CONFIRM FAX: <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM	Scott Lohr	OUR REFERENCE
NAME	703-412-6472	DIRECT PHONE #
		YOUR REFERENCE

**MESSAGE**

Unless otherwise indicated or obvious from the nature of the transmittal, the information contained in this facsimile message is attorney privileged and confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error or are not sure whether it is privileged, please immediately notify us by telephone and return the original message to us at the above address via the U.S. Postal Service at our expense. Thank You.

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NO. 012 P. 3  
Page 1 of 4



### Deposit Account Statement

USPTO Home Page  
Franchise Online Shopping Page

Requested Statement Month: December 2006  
Deposit Account Number: 180030  
Name: NORMAN F. OBLON  
Attention:  
Address: 1940 DUKE STREET  
City: ALEXANDRIA  
State: VA  
Zip: 22314  
Country: UNITED STATES

DATE	SEQ	POSTING REF	ATTORNEY DOCKET NBR	FEES CODE	AMT	BAL
12/01	2	09771883	202581US2	1202	\$100.00	\$28,630.71
12/01	27	11514236	295760US26CIP	1053	\$130.00	\$28,500.71
12/01	136	10756428	247527USOXDIV	1202	-\$700.00	\$28,200.71
12/01	1	10031570	217075US2PCT	1001	-\$740.00	\$29,940.71
12/04	8	10575100	288804US0X PCT	1818	\$360.00	\$29,580.71
12/04	31	11555058	298459US2S	1081	\$260.00	\$29,330.71
12/04	10	10317631	450110-04359	1251	-\$120.00	\$29,450.71
12/04	210	11294421	283082US/KQU	8007	\$20.00	\$29,430.71
12/05	39	8784224	229148US/KQU	8013	\$25.00	\$29,405.71
12/05	7	11353934	288436US0	8007	\$20.00	\$29,385.71
12/06	52	80741905	282404US/KQU	8007	\$60.00	\$29,325.71
12/06	53	11330205	284617US/KQU	8007	\$40.00	\$29,285.71
12/06	1	10637637	241260US0	1806	\$180.00	\$29,106.71
12/06	2	10637637	241260US0	1806	\$180.00	\$28,926.71
12/06	32	11556329	298656US8	1201	\$200.00	\$28,726.71
12/06	7	10827376	252035US DIV	1251	-\$120.00	\$28,845.71
12/06	1	90007956	20741/01600	1822	\$250.00	\$28,595.71
12/06	8	10385489	235230US2	1801	-\$780.00	\$29,385.71
12/06	53	10555985	280160US0PCT	1201	-\$200.00	\$29,585.71
12/06	208	10663785	242939US0	1484	\$130.00	\$29,455.71
12/06	71	10184888	224052US0XCONT	1801	-\$780.00	\$30,246.71
12/06	72	10184888	224052US0XCONT	1484	-\$130.00	\$30,375.71
12/07	1	10663783	242929US2	1806	\$180.00	\$30,195.71
12/07	114	10699852	244856US0	1251	\$120.00	\$30,075.71
12/07	2	10638837	241316US2	1808	\$180.00	\$29,895.71
12/07	3	10507681	257839US0PCT	1808	\$180.00	\$29,715.71
12/07	15	09988547	214425US2CIP	1201	-\$200.00	\$29,915.71

FEB. 2, 2007 10:50AM OBLON SPIVAK

NO. 012 P. 4

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)				Application or Docket Number <b>69771883</b>	
TOTAL CLAIMS				SMALL ENTITY TYPE <input type="checkbox"/> OR OTHER THAN SMALL ENTITY <input type="checkbox"/>	
FOR		NUMBER FILED	NUMBER EXTRA	RATE FEE BASIC FEE 355.00 OR X\$ 9- / X40- / +135- / TOTAL /	
TOTAL CHARGEABLE CLAIMS		24 minus 20 =	4	RATE FEE BASIC FEE 710.00 OR X\$18- 72 X80- 80 +270- / OR TOTAL 862	
INDEPENDENT CLAIMS		4 minus 3 =	1		
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>					
* If the difference in column 1 is less than zero, enter "0" in column 2					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				SMALL ENTITY OR OTHER THAN SMALL ENTITY <input type="checkbox"/>	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDI- TIONAL FEE X\$ 9- / X40- / +135- / TOTAL ADDIT. FEE
Total		20 Minus	24	0	RATE ADDI- TIONAL FEE X\$18- / X80- / +270- / TOTAL ADDIT. FEE
Independent		4 Minus	4	0	RATE ADDI- TIONAL FEE X\$18- / X80- / +270- / TOTAL ADDIT. FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDI- TIONAL FEE X\$ 9- / X40- / +135- / TOTAL ADDIT. FEE
Total		Minus	**	0	RATE ADDI- TIONAL FEE X\$18- / X80- / +270- / TOTAL ADDIT. FEE
Independent		Minus	***	0	RATE ADDI- TIONAL FEE X\$18- / X80- / +270- / TOTAL ADDIT. FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDI- TIONAL FEE X\$ 9- / X40- / +135- / TOTAL ADDIT. FEE
Total		Minus	**	0	RATE ADDI- TIONAL FEE X\$18- / X80- / +270- / TOTAL ADDIT. FEE
Independent		Minus	***	0	RATE ADDI- TIONAL FEE X\$18- / X80- / +270- / TOTAL ADDIT. FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.					

FORM PTO-676  
(Rev. 6/99)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD				Application or Docket Number 69771883
Effective October 1, 2000				
<b>CLAIMS AS FILED - PART I</b>				
		(Column 1)	(Column 2)	
TOTAL CLAIMS				
FOR		NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	24	minus 20	4	
INDEPENDENT CLAIMS	4	minus 3	1	
MULTIPLE DEPENDENT CLAIM PRESENT				<input type="checkbox"/>
* If the difference in column 1 is less than zero, enter "0" in column 2				
<b>CLAIMS AS AMENDED - PART II</b>				
		(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT A</b>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• Minus	•	=
Independent	• Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>
<b>AMENDMENT B</b>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• Minus	•*	=
Independent	• Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>
<b>AMENDMENT C</b>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• Minus	•	=
Independent	• Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.				
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."				
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.				

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NO. 012 P. 6

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

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PATENT AND TRADEMARK OFFICE  
Fee Record Sheet

02/01/2001 WADRHWYL 00000009 09771883

01 FC:101	710.00 CP
02 FC:103	72.00 CP
03 FC:102	80.00 CP

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(5/87)

U.S. GPO: 2000-458-067/39688

Document code: WFEE

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01 FC:1202 100.00 CR